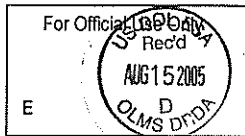


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7483</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Larry</u> <u>H</u> <u>Schleyer</u> P.O. Box, Bldg., Room No., if any Street <u>270 Fairfield Place</u> City <u>Morganville</u> State <u>New Jersey</u> ZIP Code + 4 <u>07751</u>	4. Name, file number, and address of labor organization. Name <u>IUOE Local 25 Marine Division</u> Labor Organization File Number <u>030-231</u> P.O. Box, Building and Room Number, if any Street <u>463 Highway 33</u> City <u>Manalapan</u> State <u>New Jersey</u> ZIP Code + 4 <u>07726</u>
5. Position in labor organization. <u>Executive Board Member</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Larry H. Schleyer

On 8-9-05  
Date

732-446-0394  
Telephone Number

Name of Person Filing **Larry Schleyer**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **Caremark Rx, Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **211 Commerce Street - Suite 800**City **Nashville**State **Tennessee** ZIP Code + 4 **37201**

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

**Provider of prescription drugs to fund participants.**

## 11.b. Approximate dollar value of such dealing.

**\$1,159,610**

## 12.a. Nature of interest held or income received.

**Paid for cost of hotel and meals while attending educational seminar sponsored by Caremark. Cost is estimated**

## 12.b. Amount.

**\$500**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing **Larry Schleyer**

File Number **U-**

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**

Name **Buchbinder Tunick & Company, LLP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **One Pennsylvania Plaza - Suite 5335**

City **New York**

State **New York** ZIP Code + 4 **10119**

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**9. Business deals with:**

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

**11.a. Nature of such dealing.**

**Provider of auditing services to the Fund**

**11.b. Approximate dollar value of such dealing.**

**\$22,000**

**12.a. Nature of interest held or income received.**

**4 tickets to NY Jets pre-season football game**

**12.b. Amount.**

**\$240**

Name of Person Filing **Larry Schleyer**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Local 25 Marine Division IUOE Medical Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **461 State Route 33**City **Manalapan**State **New Jersey**ZIP Code + 4 **07726****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11.a. Nature of such dealing.****11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.**

Compensation and expenses paid as Administrator of IUOE Local 25 Funds. Amount below includes wages, employee benefits, reimbursements of expenses and expenses paid on his behalf associated with Fund business.

**12.b. Amount.****\$131,000**